National Institute for Health and Care Excellence

Single Technology Appraisal (STA)

Abemaciclib in combination with endocrine therapy for for adjuvant treatment of hormone receptor-positive, HER2-negative, node-positive early breast cancer [ID3857]

Response to consultee and commentator comments on the draft remit and draft scope (pre-referral)

Please note: Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees.

Comment 1: the draft remit

Section	Consultee/ Commentator	Comments [sic]	Action
Wording	Eli Lilly & Company	Please amend the remit to incorporate two additional important points: To appraise the clinical and cost effectiveness of abemaciclib within its marketing authorisation for adjuvant treatment (in combination with endocrine therapy) of hormone receptor-positive, HER2-negative, node-positive early breast cancer at high risk of recurrence.	Comment noted. The remit has been amended.
	Breast Cancer Now	Yes	Comment noted. No changes to the scope are needed.
Timing Issues	Eli Lilly & Company	This appraisal will consider the first significant advancement in therapy for HR+/HER2− early breast cancer in many years and, as such, should be prioritised for appraisal	Comment noted. NICE aims to provide draft guidance to the NHS within 6 months from

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			the date when marketing authorisation for a technology is granted. NICE has scheduled this topic into its work programme. No action needed.
	Breast Cancer Now	We would like to see this appraisal progress in a timely manner. A diagnosis of breast cancer causes considerable anxiety to the patient as well as their family and friends. The initial diagnosis can be shocking, and in the longer-term the fear of breast cancer returning or spreading to other parts of the body where it becomes incurable can cause considerable stress for both patients and their loved ones.	Comment noted. NICE aims to provide draft guidance to the NHS within 6 months from the date when marketing authorisation for a technology is granted. NICE has scheduled this topic into its work programme. No action needed.
Additional comments on the draft remit	Eli Lilly & Company	N/A	Noted.

Comment 2: the draft scope

Section	Consultee/ Commentator	Comments [sic]	Action
Background information	Eli Lilly & Company	No comments	Comment noted. No changes to the scope are needed.
	Breast Cancer Now	We consider this to be accurate.	Comment noted. No changes to the scope are needed.
The technology/ intervention	Eli Lilly & Company	1. The brand name is misspelt, this should be Verzenios® 2. Please amend “adjuvant treatment of hormone receptor-positive, HER2-negative, node positive early breast cancer” to “adjuvant treatment (in combination with endocrine therapy) of hormone receptor-positive, HER2-negative, node positive early breast cancer at high risk of recurrence” 3. Please align the description of the indication in advanced breast cancer exactly with the summary of product characteristics, without reformatting this using semi-colons and bullet points or adding additional interpretation.	Comments noted. The technology/intervention has been amended.
	Breast Cancer Now	Yes to the best of our knowledge.	Comment noted. No changes to the scope are needed.
Population	Eli Lilly & Company	Draft scope is accurate, no amendments are required	Comment noted. No changes to the scope are needed.
	Breast Cancer Now	Yes the population appears to be defined appropriately.	Comment noted. No changes to the scope are needed.

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Comparators	Eli Lilly & Company	Draft scope is accurate, no amendments are required	Comment noted. No changes to the scope are needed.
	Breast Cancer Now	Yes, standard endocrine therapy is the correct comparator for the population being considered. In line with the NICE early and locally advanced guideline, men and premenopausal women will be offered tamoxifen as an adjuvant endocrine therapy. Premenopausal women could also be offered an aromatase inhibitor with ovarian suppression. An aromatase inhibitor (letrozole, anastrozole or exemestane) will be offered as the initial adjuvant endocrine therapy for postmenopausal women with ER positive breast cancer who are at medium or high risk of disease recurrence. Extended therapy (total duration of endocrine therapy of more than 5 years) with an aromatase inhibitor will be offered for postmenopausal women who are at medium of high risk of disease recurrence and who have been taking tamoxifen for 2 to 5 years. Extending the duration of tamoxifen for longer than 5 years for both pre and post menopausal women with ER positive invasive breast cancer is also considered.	Comments noted. No changes to the scope are needed.
Outcomes	Eli Lilly & Company	The outcomes listed in the draft scope are not fully relevant to the decision problem: • Given the early disease stage, overall survival data will not be mature during the timeframe of the appraisal, which will focus on modelling disease recurrence – Lilly suggest that the primary outcome of the trial is prioritised in this disease setting and that overall survival is not the first outcome	Comments noted. The outcomes have been amended.

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		• For invasive disease-free survival [IDFS] we suggest noting that this be measured according to the STEEP system (Hudis et al. doi: 10.1200/JCO.2006.10.3523) • Please replace “recurrence-free survival” with “distant relapse-free survival” [DRFS]. Recurrence in early breast cancer is covered by the combination of IDFS and DRFS outcomes, but for clarity these outcomes should not be combined and DRFS was not listed as an outcome in the draft scope • Please remove response rate: in the adjuvant treatment setting it is hoped that the cancer has been removed previously and the focus of adjuvant treatment is on prevention of recurrence (IDFS and DRFS); as such, the concept of response is not relevant in this disease setting; as such, it was not a trial outcome	
	Breast Cancer Now	Yes	Comment noted. No changes to the scope are needed.
Economic analysis	Eli Lilly & Company	Draft scope is accurate, no amendments are required	Comment noted. No changes to the scope are needed.
	Breast Cancer Now	N/A	Noted.
Equality and Diversity	Eli Lilly & Company	Although breast cancer is predominantly a disease of women, it does occur in men; the trial included, and the anticipated licence will include, both men and women. Therefore, Lilly intends to submit evidence to support appraisal across both sexes. No other issues were identified.	Comment noted. No changes to the scope are needed.

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	Breast Cancer Now	The scope does not appear to promote discrimination.	Comment noted. No changes to the scope are needed.
Other considerations	Eli Lilly & Company	N/A	Noted.
	Breast Cancer Now	N/A	Noted.
Innovation	Eli Lilly & Company	As the first new treatment for this population in many years, abemaciclib will represent a step-change in the management of the condition. Abemaciclib in this indication is innovative, with the potential to make a significant and substantial impact on health-related benefits. It is not anticipated that any significant and substantial health-related benefits derived from abemaciclib in this indication are likely to be excluded from the QALY calculation.	Comments noted. No changes to the scope are needed.
	Breast Cancer Now	Yes we consider this treatment to be innovative. We have already seen the benefits it can bring certain secondary breast cancer patients and we believe the results in early breast cancer also look promising. This treatment option could be a significant advance in the treatment of certain patients with early breast cancer and may help to reduce the chances of the cancer returning or spreading to other parts of the body, where it then becomes incurable. We look forward to seeing further results from the trial to understand whether this treatment combination has a long-lasting effect and whether we can further understand who may benefit from it most.	Comments noted. No changes to the scope are needed.

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Questions for consultation	Eli Lilly & Company	Are there any subgroups of people in whom abemaciclib is expected to be more clinically effective and cost effective or other groups that should be examined separately? Lilly do not anticipate subgroup analyses to be relevant to this appraisal.	Comment noted. No changes to the scope are needed
	Breast Cancer Now	Where do you consider abemaciclib will fit into the existing, Early and locally advanced breast cancer NICE pathway? If approved for use on the NHS, we see this treatment being a new adjuvant treatment option for certain women after surgery. What is the definition of high risk early breast cancer? Is the definition used in the trial used routinely in UK clinical practice? The risk of recurrence is higher among patients with certain risk factors, such as higher number of positive lymph nodes, large tumour size.	Comments noted. No changes to the scope are needed
Additional comments on the draft scope	Eli Lilly & Company	N/A	Noted.
	Breast Cancer Now	N/A	Noted.

The following consultees/commentators indicated that they had no comments on the draft remit and/or the draft scope:

None